

LOT LINE ADJUSTMENT TYPE I APPLICATION

City of Tigard Permit Center 13125 SW Hall Blvd., Tigard, OR 97223
Phone: 503.639.4171 Fax: 503.598.1960

GENERAL INFORMATION

PARCEL 1	
Property Address/Location(s):	
Tax Map & Tax Lot #(s):	FOR STAFF USE ONLY
Site Size:	Case No.(s):
Property Owner/Deed Holder(s)*: (Attach list if more than one)	Other Case No.(s):
Address:	Receipt No.:
City/State: Zip:	Application Accepted By:
Primary Contact:	Date:
Phone: Fax:	
	Date Determined Complete:
PARCEL 2	Rev. 7/1/07
Property Address/Location(s):	i:\curpln\masters\land use applications\lot line adjustment app.doc
T M 9 T I -+ #(-).	
Tax Map & Tax Lot #(s):	
Site Size:	
Property Owner/Deed Holder(s)*: (Attach list if more than one)	REQUIRED SUBMITTAL ELEMENTS
Address:	(Note: applications will not be accepted
City/State: Zip:	without the required submittal elements)
Primary Contact:	Application Form
Phone: Fax:	Application Form Owner's Signature/Written Authorization
Applicant*/Agent:	Title Transfer Instrument or Deed
Address:	Preliminary Map (2 copies)
City/State: Zip:	Site/Plot Plan (2 copies)
Primary Contact:	Site/Plot Plan (reduced 8½"× 11")
Phone:Fax:	Applicant's Statement (2 copies)
*When the owner and the applicant are different people, the applicant must be	
the purchaser of record or a lessee in possession with written authorization	(Address Criteria in TDC 18.410.040)
from the owner or an agent of the owner. The owner(s) must sign this	Filing Fee \$478.00
application in the space provided on the back of this form or submit a written authorization with this application.	
authorization with this application.	
PROPOSAL SUMMARY	
The owners of record of the subject property request Lot Line Adjustment permission to adjust:	
parcels of and (number) (acreage or square footage)	
(number) (acreage or square footage)	
into parcels of and	
(number) (acreage or square footage)	

List any VARIANCE, CONDITIONAL USE, S of this application:	ENSITIVE LANDS, OR OTHER	LAND USE ACTIONS to be considered as part
APPLICANTS:		ED SUBMITTAL ELEMENTS as described on
Detailed Submittal Requirement Information sheets	can be obtained, upon request, for all t	ypes of Land Use Applications.)
ΓΗΕ APPLICANT(S) SHALL CERTIFY THA	Т:	
The above request does not violate any deed	restrictions that may be attached to	or imposed upon the subject property.
If the application is granted, the applicant will ex- limitations of the approval.	xercise the rights granted in accordance	e with the terms and subject to all the conditions and
All of the above statements and the statements so acknowledge that any permit issued, based on		bits transmitted herewith, are true; and the applicants s found that any such statements are false.
The applicant has read the entire contents of approving or denying the application.	the application, including the policies	and criteria, and understands the requirements for
SIGNAT	URES of each owner of the subject	property.
DATED this	day of	, 20
Applicant/Authorized Agent's Signature	Owner's Signature	
Owner's Signature	Owner's Signat	ture